YOUR FAMILY DESERVES A BETTER TOMORROW

CriticalAssistance℠ Select for New York

critical illness insurance

*Underwritten by **Transamerica Financial Life Insurance Company,** Harrison, New York.*

Plan B Benefits

CriticalAssistance Select® for New York provides benefits for invasive cancer, heart attack, stroke, coronary artery disease, end-stage renal failure, carcinoma in situ and skin cancer. It even pays benefits for major organ transplant surgery.

You can purchase the policy in amounts of $1,000 increments beginning at $5,000 up to $100,000 for yourself and each eligible family member who you enroll. All insured family members will receive the same level of benefit.

Covered Conditions	% of Specified Disease Benefit
Invasive Cancer, Heart Attack, Stroke, End-Stage Renal Failure and Major Organ Transplant Surgery	100%
Coronary Artery Disease* (payable once per covered person), Carcinoma In Situ*	25%
Skin Cancer*	$250

Issue Age and Portability

Eligible employees and their spouses (or equivalent as determined by governing state law) ages 16 through 64 are eligible for coverage. Your eligible dependent children from birth through age 25 can also be covered. If you leave your employment or retire, you have the option to continue coverage by paying the premiums directly to the insurer.

Subsequent Specified Disease Benefit

If you are diagnosed for the first time with a subsequent and separate Specified Disease more than 60 days after the first one, you will receive the elected Subsequent Specified Disease Benefit amount, up to $100,000 based on the benefit amount.

Benefits for:

- Invasive Cancer
- Heart Attack
- Stroke
- Coronary Artery Disease
- End-Stage Renal Failure
- Major Organ Transplant Surgery
- Carcinoma In Situ and Skin Cancer
- Dependent Coverage Available
- Up to $100,00 of Coverage

** Payment for these benefits is one-time only, but will be paid in addition to any other benefit in this policy. If you receive a benefit for coronary artery disease or carcinoma in situ and are later diagnosed with another different covered specified disease, we will pay the face amount minus the amount(s) you received for coronary artery disease or carcinoma in situ.*

TRANSAMERICA®
Employee Benefits

This is a brief summary of CriticalAssistance® Select for New York. Policy Form Series TPSDC1NY, FRSDS2NY and FR200100.

Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

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Subsequent Specified Disease Benefit Example

If you are first diagnosed with a heart attack, and then you are diagnosed for the first time with a stroke more than 60 days later, you will receive the benefit amount you selected for each illness. This benefit is payable one time per covered person.

Optional Specified Disease Screening Benefit

This benefit pays $50 each year, for each covered person, for medical tests and procedures that can detect certain illnesses. Screening tests are:

blood tests for triglycerides	bone marrow testing	breast ultrasound
CA125 (test for ovarian cancer)	CA15-3 (test for breast cancer)	CEA (test for colon cancer)
prostate-specific antigen test (PSA)	chest X-ray	colonoscopy
fasting blood glucose test	flexible sigmoidoscopy	Hemoccult stool analysis
mammography	Pap smear	serum cholesterol test
serum protein electophoresis	stress test on bicycle/treadmill	thermography

Limitations and Exclusions

We may reduce or deny a claim or void the policy as follows:

- during the first 24 months if you make a material misrepresentation on the application; or
- at any time if you make a fraudulent misstatement.

The policy does not cover losses caused by or resulting from the following:

- Participation in a felony, riot or insurrection, intentionally causing a self-inflicted injury,
- Committing or attempting to commit suicide.

We will not pay the Specified Disease Benefit for the following:

- pre-malignant conditions or conditions with malignant potential; or
- Transient Ischemic Attacks, which are not considered strokes or any other type of disease covered by the policy.

Termination of Coverage

You cease to be insured under the policy on the first of the following to occur:

1. The premium due date as of which you fail to pay the premium (You'll have a 31-day grace period after the due date to pay the premium).
2. The next premium due date after the insurer receives written notice from you to cancel your policy.
3. When 100% of the face amount of both the Specified Disease and Subsequent Specified Disease Benefit have been paid. Termination of your insurance will not affect any claim which begins before the date of termination.

The Subsequent Specified Disease Benefit will be paid in addition to any other benefit in the policy; however, it is not payable for Coronary Artery Disease. It is payable only one time for each insured.

Any provision of the policy which, on its effective date, does not agree with state laws in New York will be amended to conform to the minimum requirements of those laws.

No benefits are payable for conditions other than the specified diseases defined in the policy.

Note: The expected benefit ratio for this policy is 60.1 percent.
This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

This Brochure is not complete with out an enclosed rate table.

Information on producer compensation is available at www.tebcs.com